

Healthy Transitions: A Community-Based Participatory Research Approach with Burundians with Refugee Status

Denise Bates, Elizabeth Burman, Lacreisha Ejike-King,
and Charlotte Rufyiri

Abstract

Healthy Transitions is a program of the University of Tennessee's Ready for the World initiative, a broad plan to transform campus culture and prepare students for the 21st century. Healthy Transitions partners the university with a local community of Burundian refugees. The university joined several community organizations interested in the refugees' integration, and in examining the Burundians' experiences and perceptions during and post migration. Focus group data identified key areas of concern for the Burundians. Community-based participatory research provided relevant data and an infrastructure, including a non-profit established by the Burundians, that enable the Burundian community to co-direct ongoing research and programming.

Introduction

Refugees are legal residents of the United States. The U.S. has long accepted the United Nations' definition of "refugee" as "any person who, owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership in a particular social group, or political opinion, is outside the country of his/her nationality" (*UN High Commissioner for Refugees, 2007b*). In 2010, there were over 30 million displaced persons worldwide. The United States receives more refugees annually than any other country in the world, resettling approximately 2.5 million refugees since 1975 (*Martin, 2011; Singer & Wilson, 2007; U.S. Department of State, 2009; U.S. Department of State, Bureau of Population, Refugees and Migration, 2010*). According to the Department of Homeland Security, the U.S. received 73,293 refugees in 2010. (*U.S. Department of State, 2010; U.S. Department of State, Bureau of Population, Refugees and Migration, 2010*).

Among the world's refugees in 2010 were over 500,000 from Burundi with refugee status due to the wars that have torn through that tiny country, just as they have through Burundi's larger and better-known neighbor, Rwanda. In 2006, the United States approved the resettlement of approximately 8,500 Burundians to the U.S. (*U.S. Department of State, 2009*).

Beginning in 2007, many Burundians who already had fled their home country in 1972 were permanently resettled in more developed countries, such as the United States (*Cultural Orientation Resource Center, 2007; United Nations High Commissioner for Refugees, 2007; U.S. Committee for Refugees and Immigrants, 2009*). By then, more than 30 years had passed since the war began that forced them to leave their homes and restructure their lives in refugee camps in Burundi's neighboring countries.

The term "1972 Burundians" was used to define the group of Burundians who experienced this recent, secondary resettlement, and refers to the war in which they were victims as well as participants (*Cultural Orientation Resource Center, 2007; United Nations High Commissioner for Refugees, 2007*). The majority of the Burundians identified as "1972 Burundians" are of Hutu ethnicity and fled ethnic cleansing by Burundi's Tutsi government. Between May and August 1972, according to international agency estimates, 200,000 Hutu Burundians were killed, with an additional 150,000 Burundians fleeing to neighboring Tanzania, Democratic Republic of Congo, and Rwanda, where they have been living for over 30 years. A significant number of the Burundians resettling to the United States left Burundi as small children, or had not been born in Burundi at all (*Cultural Orientation Resource Center, 2007; United Nations High Commissioner for Refugees, 2007*). Low literacy levels, the loss of all material and financial resources, and limited job skills (*Cultural Orientation Resource Center, 2007; Nutbeam, 2000; United Nations High Commissioner for Refugees, 2007*) positioned this population for a particularly difficult resettlement transition to the United States.

In recent years, the U.S. State Department began placing refugees, including resettling Burundians, in smaller cities like Knoxville, Tennessee. In 2007, Knoxville's resettlement agency received 49 Burundian families, totaling 187 individuals ranging in age from infants to seniors. Secondary migration by other Burundians attempting to reunite with their friends and family increased the population significantly within this same period.

In comparison with the 8,500 Burundian refugees assigned to the United States since 2007 (*United Nations High Commissioner for Refugees, 2007*), the number of Burundians arriving in Knoxville (about 200) may seem insignificant. However, that number far exceeded the number of refugees from all locations that had arrived in Knoxville prior to 2007.

With only a small staff and limited resource base, Knoxville's refugee resettlement agency struggled to accommodate this

unprecedented number of incoming refugees. The city's school district, public health department, public housing, and social service agencies were also overloaded with the unique challenges of these families, who arrived with virtually no English language skills, whose children had little or no prior schooling, and whose adults were largely illiterate even in their own language (Kirundi). Knoxville's service agencies lacked funding, personnel, the necessary infrastructure, and cultural competency to address the many needs of the incoming refugees. Unable to meet the challenges of addressing the unique needs of significant numbers of arriving Burundian families, local public health and social service agencies approached the University of Tennessee for assistance.

Review of the Literature: Community-Based Participatory Research with Refugee Populations

Research with refugees tends to be culturally, linguistically, and ideologically challenging. Historical and political issues of human rights, national asylum policies, intercultural communication, and knowledge acquisition are of significant concern. A lack of language proficiency, cultural identity, systemic understanding, and resources can cause remarkable acculturative stress in refugee families (Berry, 1997; Berry, Kim, Minde, & Mok, 1987; Johnson, Ali, & Shipp, 2009; Mollica, 2006; Mountain States Group, 1999; Papadopoulos, 2001; Psychosocial Working Group, 2003). Additionally, individual psychological characteristics, coping mechanisms, level of education, support systems, gender, and circumstances of actual events pre- and post-conflict contribute to a refugee's ability to integrate (Papadopoulos, 2006; Ryan, Dooley, & Benson, 2008). Generally, refugees are placed in marginal living conditions where they experience a strained social climate. Low employability further challenges their social and physical environments, personal health, and coping skills (Berry, 1997; Miller & Rasko, 2004; Papadopoulos, 2006). The complexity of these circumstances can cause tension that extends beyond the stressors families experienced prior to resettlement.

Burundians arriving in the United States face challenges that are common to most refugee populations. Research indicates that refugees often experience limited access to basic personal resources and services (Lustig et al., 2003; Miller & Rasko, 2004; Ryan et al., 2008). Furthermore, many refugees who experience post-migratory adaptation in a foreign country can also experience inordinate shortages of most resources that would otherwise be available to them in their countries of origin. Identifying "constraints on the use or access to resources," both primary and personal, is particularly relevant in

the post-migration of refugees (Ryan *et al.*, 2008). During resettlement, language proficiency, cultural identity, systemic ignorance, limited education, and economic strain can cause remarkable acculturative stress in families (Ahearn & Athey, 1991; Berry *et al.*, 1987; Cultural Orientation Resource Center, 2007; Lustig *et al.*, 2003).

A review of current literature reveals that multidimensional factors contribute to poor health outcomes in marginalized communities, particularly in displaced, linguistically isolated populations (Link, Mokdad, Stackhouse, & Flowers, 2006). For refugees, this situation is exacerbated by limited cultural orientation or exposure to the dominant society prior to arrival.

Public health educators have long utilized the community-based participatory research process for research and program development, particularly in developing countries. The process, however, has become more formalized and more widely implemented in the United States in the last decade. Community-based participatory research proceeds from a core belief that there exists among community members an extensive set of skills, strengths, and resources that can be employed to facilitate and promote their own health (Doyle, Rager, Bates, & Cooper, 2006; Israel, Eng, Schultz, & Parker, 2005; Israel, Parker, *et al.*, 2005; Seifer & Greene-Morton, 2007). Community-based participatory research, a form of engaged scholarship (or “community engagement”), promotes a partnership approach that equitably involves community members, organizational representatives, and academic researchers in all aspects of the research process (Israel, Eng, *et al.*, 2005; Israel, Parker, *et al.*, 2005; Seifer & Greene-Morton, 2007). The use of community-based participatory research has been shown to be particularly effective in identifying both the needs and strengths of immigrant and refugee populations (Doyle *et al.*, 2006; Israel, Parker, *et al.*, 2005; Johnson *et al.*, 2009; Seifer & Greene-Morton, 2007).

In the study presented in this article, the authors found that by formalizing the use of the Burundian community’s own strengths in both research design and the interpretation of resulting data, investigators gained a more thorough and culturally-competent understanding of these refugees’ needs. At the same time, through their own participation in the research process, Burundian families became more deeply invested in their own well-being. This ability to function independently is particularly important to the “1972 Burundians,” who face heightened challenges in this area after the enforced dependency they endured during the decades many spent in refugee camps subsequent to leaving Burundi.

Community-based participatory research calls for the active participation of representatives of the larger community’s

organizations, as well as members of the focal, or target, population (Israel, Eng, et al., 2005; Israel, Parker, et al., 2005). The role of the academic researcher in community-based participatory research, therefore, is to facilitate rather than direct the research process. Faculty and students provide disciplinary and development expertise, rather than imposing hypotheses and assumptions on the community (Israel et al., 2003; Israel, Parker, et al., 2005). This facilitative process is essential to the initial development of a community-based coalition and, more importantly, is central to the sustainability of long-term programs developed within the community (Israel, Eng, et al., 2005; Israel, Parker, et al., 2005; Seifer & Greene-Morton, 2007).

Setting the Context: The University of Tennessee, Knoxville, and the Burundian Refugee Community Partnership

Ready for the World is part of a long-range plan at the University of Tennessee, Knoxville to transform the campus into a culture of diversity and prepare students for the 21st century. Since its implementation, more than 100 Ready for the World grants totaling \$400,000 have been awarded to promote intercultural and international awareness. The university has a strong study abroad program, but also recognizes great potential in the diversity and globalization represented in its own region and city. Local engagement may even offer greater potential to be transformative to a university, in that it may have an impact on more students and provide more accessible material for research and curricular engagement.

A signature example is the university's engagement with the growing local community of Burundian refugees. Faculty members received a University of Tennessee Ready for the World grant in 2008 to develop infrastructure for community-based programming and research related to the Burundian community. In order to understand the needs of both arrival families and the community system attempting to accommodate them, two faculty members launched a community-based participatory research project to assess the basic needs of the community. The chief community partners was Bridge Refugee Services and Cherokee Health Systems (a local health clinic). Initial interviews by faculty members and students indicated that these families were having difficulty adjusting to their new environment. As a result, the faculty members and students launched a community-based service-learning and research initiative that they named Healing Transitions: Program Interventions for Refugee Youth and Families. (Subsequently, with

input from the Burundians, who did not feel they needed “healing,” the name was changed to Healthy Transitions.)

In 2008, a Burundian working and attending graduate school in Johnson City, Tennessee, heard of the plight of the Knoxville Burundians. She and her husband suspended their own plans and moved to Knoxville to support their more newly-arrived countrymen, after hearing of the many challenges and difficulties the Knoxville Burundians were facing. The couple helped form a vital, first bridge between the Burundians, the university, and other city partners. From its inception, Healthy Transitions was based in and co-created by the Burundian community. Research with Burundian families was designed with their help, and then conducted with the Burundians functioning as full co-investigators. The Burundians were also involved in either co-directing or directing all interventions that were informed by, and established because of, the new knowledge. In this way, community-based participatory research was most likely to improve the health and well-being of the target community.

This article presents the process of the community-based participatory research partnership among students and faculty members at the University of Tennessee, community service agencies, and Burundian families resettled in Knoxville, Tennessee.

Desired Partnership Outcomes

The University of Tennessee’s Burundian partnership has focused, in particular, on the needs of a group of Burundian families in Knoxville, many of whom had already lived in Tanzanian refugee camps since 1972, an experience that added challenges to those already caused by the trauma of war. Work proceeded from a set of goals created by the Burundians, including establishment of a community-based organization; youth programs for Burundian children; educational opportunities for adults learning English; computer lessons for the adults; and job skill development.

The student outcomes for Healthy Transitions, meanwhile, were in alignment with the university’s Ready for the World goals, which are to cultivate (1) competence in cross-cultural communication, both domestic and international; (2) the capacity to think critically about international and intercultural issues; (3) the understanding that knowledge is global; and (4) a passion for life-long engagement with global learning.

The university’s Ready for the World outcomes for faculty members involved in the Healthy Transitions initiative included (1) improving faculty capacity and engagement in international

and intercultural education; (2) transforming the undergraduate curriculum to enhance international and intercultural content; (3) bridging the intercultural/international world to the university; and (4) taking the university to the world.

Finally, institutional outcomes for Healthy Transitions were provided by the university's mission statement, which mandates that the university is "To provide a high quality educational experience . . . in a diverse learning environment—promoting the values and institutions of democracy that prepare students to lead lives of personal integrity and civic responsibility in a global society" (*University of Tennessee, 2012, p. 1*).

Faculty Expertise and Student Involvement in the Program

Two faculty members in the College of Education, Health, and Human Sciences, one in Public Health, and another in Educational Psychology and Counseling, developed the initial infrastructure for community-based programming and research. With further support from the college dean, additional faculty members and many students soon engaged. Faculty members and students from other University of Tennessee colleges and disciplines eventually joined them, applying diverse expertise to a dynamic and still-expanding relationship between the university and the newly-arrived Burundians.

From the beginning, the collaboration between the university and the Burundians has included a consistent gathering of interested and committed faculty, students, and community members, with the partnership providing opportunities for multiple layers of leadership among its members. Every project issuing from the partnership, links community-driven evidence to community-based action by utilizing democratic principles and inclusive practices, on campus and off. The community-based participatory research informs both program process and program outcomes, and it is the approach used in meetings and event planning; project and program development; and in all interactions with social agencies and other community partners, in addition to work with Burundian families.

Measuring the Impact of the Program: Methods Used

Healthy Transitions has provided an opportunity for student participation in community engagement and cultural immersion,

within the context of community-based participatory research that encompasses community development, culturally responsive program delivery, and evaluation.

Student Involvement

Community-based participatory research with refugee communities requires an academically diverse, multidisciplinary, and multi-interventional approach; therefore, a multidisciplinary team of students was recruited for the project. Health, medical, behavioral, educational, and social service disciplines in the academic setting often learn and function independently of one another. Service-learning and civic engagement provide students with opportunities to serve others, often generating a satisfaction in helping others (*Kraft & Kielsmeier, 1995*), and a complex understanding of social issues (*Werner, Voce, Openshaw, & Simons, 2002*).

Today, Healthy Transitions promotes interdisciplinary, community-based participatory research education for community engagement with graduate students from six academic disciplines: public health, cultural studies of educational foundations, child and family studies, nutrition, psychology, sociology, and communications science. Departments in the university's College of Education, Health, and Human Sciences partnered with Knoxville's overtaxed refugee resettlement agency to establish two service-learning courses, also establishing service-learning for the first time in that college. Students in one of these courses worked solely with Burundian refugees, while students in the other course worked primarily with Iraqi refugees.

Data Collection: Community Interviews

The primary investigator received study approval from the university's Institutional Review Board prior to the implementation of the study. Initial interviews with Knoxville community members, including both Burundians and representatives from schools and other public agencies, informed the development of the Healthy Transitions research and engagement agenda. First, university faculty members interviewed service providers, members of the local school district, public health departments, and other agencies assisting with refugee resettlement in the area. These interviews indicated that a newly arrived population of Burundian families was having difficulty adjusting to their environments. University faculty members and students contacted the local refugee resettlement agency and established a working relationship. The resettlement agency identified only two local Burundians who were bilingual.

Data Collection: Focus Groups

Burundian translators helped identify six key informants in their community. Faculty, students, and translators completed six interviews with these informants, which informed and assisted in the development of the focus group questions formulated for the greater Burundian community. The Burundian families nominated a small, demographically diverse group ($n = 8$) to test the questions prior to introducing them to the focus groups. These initial participants, along with a translator, modified the original questions for clarity and cultural context.

In 2008 and 2009, university members and Burundian key informants conducted six focus groups. The interview team grouped participants by gender, based on the recommendation of key informants. Two women's focus groups and four men's focus groups, totaling 39 ($n = 39$) Burundians, participated. Recruitment of participants for these focus groups occurred specifically at community meetings held within the public housing areas where they lived. The resulting questions designed for the focus groups centered on the migration experience (flight) to America; expectations for living in America and whether or not these expectations were met; challenges or barriers to a successful resettlement; and hopes for Burundian children, with a specific focus on education. Investigators ensured that consent forms were translated into Kirundi prior to the interviews. Each of the interviews was audio-taped with a digital audio recorder.

There was only one trained transcriber who could speak, read, and write in both English and Kirundi. She translated and transcribed the audio recordings from Kirundi into English. Due to the scarcity of trained transcribers and limited funding, back translation of the recordings was not possible.

Analysis and results of focus groups.

To enhance understanding the priorities of the partnership between the university and the Burundian community, some of the results of the focus groups are presented. In this section, the reader may see the steps of the community-based participatory process. The focus group data provided a map for subsequent steps by the collaborative research team.

Initially, the research team used an open coding scheme to analyze the focus group data. All data were also entered into a qualitative analysis software system. Significant statements and themes emerged from the analysis. The research team then worked collaboratively to group the themes into categories. The categories

and related themes were summarized into a document (see Figure 1) that was next translated into Kirundi for the data interpretation phase of the research. Examples of responses are given in Figure 1 below each theme.

Question 1: Please tell me about your trip from Africa to the United States.

1. Grief about leaving some family members at home, particularly children and siblings over 18 years.

"How can a child be denied this right to be with his mother? He is still so young. I will never see him again."

2. Grief that many didn't pass the "test" or interview to come as refugees because their stories weren't important enough.

"Their stories were not good enough."

3. Expressions of excitement that they were selected to come to the U.S.

"America is our mother, we are truly blessed."

4. Guilt that they were selected to come but others were not.

"Our children will die there while we will live." "You are [I am] here, lucky. The person is there, suffering."

5. Experiences with people when coming to the U.S. were good. Compared them to the treatment they had in holding camps in Kenya.

"People are very good to us. In Kenya, everywhere we go we found brothers and sisters."

6. Treatment since arriving in the U.S. has been very bad.

"We have black skin so they treat us like other people with black skin, but worse. We cannot speak English."

Question 2: Now that you are here, what is different about the United States than what you were told?

1. "She" (specific description of person informing) told them that they would be cared for by the U.S. government for 5 years. (Later clarified that their understanding was that this included support for basic needs and full education.)

"She's said that we are not going to work on lands, and that we are going to rest for 5 years because we have been fleeing and running away for so many years, and that now we deserve peace and rest. She is the one who said all of these words."

2. They feel betrayed because they would have never left the camps if they had known this 5 year commitment was not true.

"They lie to all of us."

3. That all children were promised an education, but the older ones (17 and older) were denied an education in the public school system.

"Now they [the older children] are lost."

4. They must pay back a debt for each family member's travel to the U.S. to the U.S. government.

"How can my family live. I must pay the U.S. government over \$10,000 beginning in 3 months. They never tell us this in the camp."

5. Again, they feel betrayed because many of their children were not selected to come with other family members. They had no idea that they would be coming to the U.S. without their children.

"I am mostly worried about my youngest child. They told me in the camp I would meet him in Kenya, but he was not there. But now look, he is not here. I am really sad and worried."

Question 3: Describe the experiences you have had since you've arrived in the U.S.

1. They feel forgotten and unsupported.

"[The resettlement agency] will not help us anymore. We do not have someone to show us the way. We do not know the language. We do not know where to go or what to do. We are like a child who is left in the desert."

2. It is very difficult to learn English, there are not enough classes, and many of them work when the classes that are available are in session.

"How do we learn English? We who work must work many hours to help those who cannot work."

3. For those who have a sponsor (church or individual to assist for 1 year beyond resettlement agency), their lives are much easier than those who do not.

"Many of us do not have a sponsor. This is very difficult. The families who do have a sponsor get many things. I have only 3 chairs in my apartment. I do not have a sponsor."

4. The housing communities in which they are placed are unsafe. There are drugs and guns, and they fear for their children's lives.

"I know how to live in Africa. It was not safe, but I know how to live. Here it is not safe, but I do not know how to live."

Question 4: What would make your community a better place to live?

1. They wanted [refugee resettlement agency] to help them until they were ready to be independent.

"We are like children. We cannot be left to defend ourselves. We must grow up and be adults, but we need help until then."

2. Social ties among the Burundians have been impacted due to residential placement throughout the city.

"For many years, we were side by side in the camps. Now we have no way to see our family and friends. They are far away. We cannot be with each other."

3. Burundians are beginning to have intra- and inter-family disputes.

"In the camps, there were not many troubles. Everyone was the same. Here there are many troubles. Some people are better [off] than others. They are fighting now."

Question 5: What do you worry about for your family in the U.S.?

1. Many worry that their children are not safe.

"There are bad people that live next to us. They yell at us and our children. They try to fight with us. We cannot understand what they are saying. It makes us worry for our children."

2. Drinking and violence is becoming more prevalent within the Burundian communities.

"Some people drank beer in the camps, there was nothing else to do. Now too many people drink beer because there are too many problems."

3. Many people are fighting among themselves because it is perceived that some have more than others.

"In Africa, we are all the same. Now we are divided because some people have more and will not give it among others."

Question 6: What are your hopes for your children in the United States?

1. It is important that their children get an education to be successful like American children.
 “We want our children to be as smart as White American children.”
2. They hope that their children can become professionals.
 “Our children will become a teacher, a doctor and have computers in offices.”
3. They hope that their children will not have the life they have had in Africa.
 “We want our children to be American. We cannot ever be American. Our children will not be African and suffer.”
4. Children need short term intensive investment to succeed.
 “The children need to have someone to help them learn English like American children so they can go to college. We cannot help them. It is too late for us.”

Figure 1. Focus Group Questions with Burundian men and women (n = 39). Ranked in order of frequency and intensity (1 = most frequent and intense). Examples of direct quotes from the refugees are inserted in the theme rankings.

Data Collection: Community Forums

The research team next scheduled community forums to disseminate the focus group data to both the Burundians who had participated in the focus groups, and to members of the extended Burundian community who did not participate in the focus groups. This process followed an essential tenet of community-based participatory research, which requires that the target community interpret the data within its own cultural context.

Three community forums were held to gain interpretive insight into the collected focus group data. There were 65 unduplicated participants in the forums, which were held in 2009. Each community forum lasted approximately 2.5 hours and had two translators present. Research team members read the data themes aloud item by item, allowing for responses by the community. A scribe noted, in English, all clarifications and adjustments made during the meeting; however, the team also audiotaped the forums to ensure the accuracy of translations. Finally, any participant could add information that he or she felt was important.

Upon completion of the dissemination and discussions of interview information with the Burundian community, clarification of investigator data interpretation, and final input by participants, community members were asked by the investigators, “So what do we do from here?”

Goals That Emerged from the Community-Based Participatory Research Project

Taking priority among many ideas was the establishment of a community-based organization so Burundians “could learn to help themselves” in the United States. The second priority was developing youth programs for their children “so their children can be as smart as American children.” Third, they wanted to develop more educational opportunities to learn English “so they could help their children become successful and to get jobs [for themselves]” and be able to “move to places of safety.” Next, they indicated the desire to learn to use computers “so they could also be American.” And finally, they needed opportunities for job skill development to support their families and pay back their airfare “debt” to the United States (this refers to the fees charged by the federal government to each individual family member for transportation to the United States).

Action Steps Resulting from the Community-Based Participatory Research

In 2009, the inaugural Burundian community meeting was held to discuss the goals that the smaller groups of Burundians had prioritized. Two informal leaders (one bilingual) convened the meeting at a location of the community’s choosing. The meeting began with over 100 Burundians in attendance. A discussion ensued, with the participants considering the opportunities that could be provided by the development of a community-based organization with nonprofit recognition (501(c)3) in the United States. As a result, participants voted to proceed with an election of officers. Four officers were elected, with a six-member advisory committee. The community went on to schedule monthly meetings, along with initial plans for the community-based organization they wished to establish.

Officers were elected, and an external board of directors was formed. The president, vice president, and one of the investigators of the Healthy Transitions project steadily worked with the university’s School of Law clinic to develop bylaws and a charter, and to establish an Internal Revenue Service identification number for the emerging 501(c)3 organization. In 2010, Healthy Transitions and the Burundian organization collaborated on the submission of a funding proposal to support the operations and mission of the new organization. This grant-writing experience highlighted the importance of gaining nonprofit recognition, and further propelled the planning process for the partnership’s subsequent priorities.

As a result of their own engagement in this scholarship, Knoxville's Burundians now direct the operations of their non-profit organization. They chose the name SODELA (Solidarity, Development, and Light Association) for their organization. Today, SODELA serves over 300 Burundians and a small population from Congo, Rwanda, and Sudan. SODELA operates eight major programs for refugees, providing basic integration assistance into the host community. The Burundians, via SODELA, also continue to take a leadership role in their partnership with the university.

Many Burundian families now own cars, and some have been accepted by the Habitat for Humanity program as they begin to transition to the economic advantage of home ownership as well. Despite the serious language barrier, most Burundians now know where to go for health care, insurance, and groceries. They have contact with churches and are socializing with people outside the Burundian community. Among other things, SODELA has helped organize the Knoxville African Soccer Team, welcoming men from several African countries.

The solid principles of community-based participatory research easily extend to engaged scholarship in other disciplines, and the university's partnership with the Burundians has indeed fostered an expanding set of opportunities for community-engaged programming and experiential learning that have since stretched across many disciplines and departments at the University of Tennessee, Knoxville. The authors have witnessed true changes in campus culture as a direct result of this partnership, including the development of new curricula for course-based and discipline-based service-learning that have enriched the experience of many university students, even as the partnership also has contributed both to the empowerment of the Burundian families and to the capacity of the greater Knoxville community, as all partners grow in shared knowledge of and respect for one another.

The experience has involved all levels of the university, including the chancellor's and provost's offices; the campus Office of Research; and several colleges and departments. In addition to initial Ready for the World funding, further grant support from the University Chancellor's Academic Outreach and Engagement Council allowed a faculty member to pay for the translation and development of an orientation guide to U.S. public schools. This guide was also produced in reciprocal fashion, with a Burundian community leader co-directing the project.

Community Impact

Community-based participatory research involves the target community from the inception of the process, from the formation of the research question through the collection and interpretation of data to the implementation of any action informed by the research results.

As a primary goal established by the Burundians, the incorporation of a Burundi-managed nonprofit, SODELA, was key to the success and sustainability of the partnership's impact on the Burundian community. The Burundian community elected its own officers and chose its own name for the new organization (SODELA). SODELA's mission is "to support the healthy transition of refugees through the promotion of education, employment, cultural preservation, and the long-term sustainability of families resulting in better personal adjustment to resettlement and positive mental and physical health" (*SODELA.org*, 2012). Figure 2 depicts SODELA and the main partners from University of Tennessee, as well as the types of activities generated by this partnership, in collaboration with further, partnering organizations in the community.

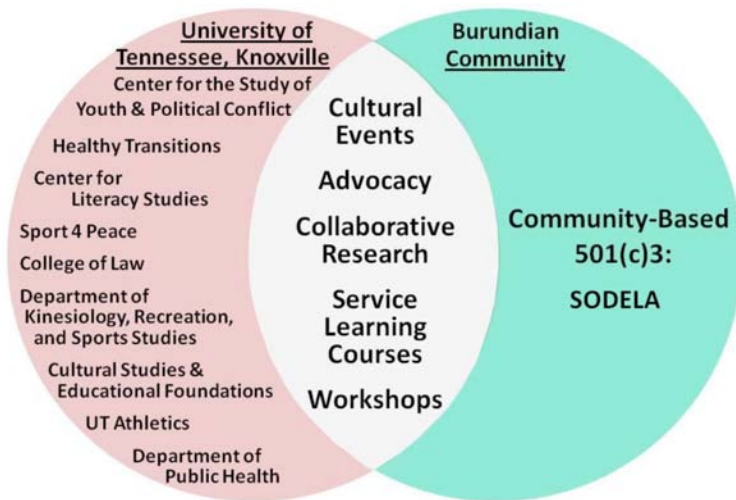


Figure 2. The University/Community Partnership

Student Impact

The integration of the community-based participatory research model with academic service-learning offered a unique opportunity for graduate students, multidisciplinary faculty members, and the university's Center for the Study of Youth and Political Conflict

to experience researching multi-factorial health issues, education conditions, and diverse cultures of newly arriving refugees in Knoxville. Research that examined the Burundians' experiences and perceptions of resettlement during and after migration demonstrated to graduate students the effectiveness, success, and challenges of multidisciplinary, community-based research. Students engaged in the process have demonstrated a strong interest and performance in project scholarship.

Both graduate and undergraduate students have been involved with the partnership in countless ways, including their facilitation of prejudice reduction and cultural competency workshops in area high schools. Accustomed to traditional academic tests with right/wrong answers, and academic coursework that lasts for exactly a semester, students are exposed, by contrast, to real-life learning. Through their interactions with the Burundian community, these students must learn to tolerate ambiguity, including societal problems that neither have easy answers nor can be neatly solved within the temporal or disciplinary confines of an academic course.

Faculty Impact

In their engagement with the Burundians, university faculty members and students have established a track record of developing new courses and producing joint publications. In turn, the growing academic expertise resulting from these interactions is evidenced by numerous invitations to university faculty and staff to present their work both nationally and internationally.

For example, the University of Tennessee's Center for the Study of Youth and Political Conflict recently completed a research project funded by the Robert Wood Johnson Foundation titled "Evaluation of Caring Across Communities: School-Based Mental Health Services for Immigrants and Refugees." The national project documented the full array of challenges that refugees and immigrants face in the United States. The research findings inform the everyday practices in the University of Tennessee/SODELA partnership.

Institutional Impact

Ready for the World began in 2004 as the University of Tennessee, Knoxville's Quality Enhancement Plan, which was required for reaccreditation from the Southern Association of Colleges and Schools (SACS). The reaccreditation phase ended in fall 2005 with the university receiving a highly positive 10-year SACS re-accreditation.

The Ready for the World initiative calls for expanding university curricula, increasing global competency of faculty and staff, and focusing on the intercultural issues of particular concern to the university. Local intercultural engagement, such as the university's ongoing partnership with the Burundian refugee families, has made an invaluable contribution to furthering these institutional goals, which has already become deeply embedded in many parts of the university. Therefore, the university's work with the Burundians both exemplifies and sustains Ready for the World, helping to anchor the university's current accreditation while also complementing the university's institutional Diversity Action Plan, which requires all departments to strengthen recruitment and retention efforts to enhance diversity among all faculty and staff.

Burundian-associated work generated some of the university's first formal service-learning courses, beginning not with undergraduate courses, but with much-less-typical, graduate level service-learning courses, thus offering additional potential for curricular literature and scholarship. Inspired in part by this new service-learning curriculum, a service-learning task force has been established by the provost to develop campus-wide implementation of a formal service-learning program for all students at the university, possibly as part of an eventual interdisciplinary college for undergraduates.

Discussion

Community-based participatory research methods may be less feasible than traditional methods that demand fewer resources. However, for hard-to-reach, hard-to-teach populations in the United States, community-based participatory research offers a means to traverse unknown obstacles by involving the community to assess, interpret, implement, and evaluate data in a way that is both relevant and sustainable. Burundian families in Knoxville, Tennessee, continue to struggle with basic needs, education, employment, English proficiency, and other issues. However, through their nonprofit organization SODELA, and alongside others in Knoxville and at the University of Tennessee who are committed to their success, these Burundians now have the infrastructure in place to navigate more effectively systems that make this transition so difficult.

SODELA and its president have directly, and greatly, contributed to the University of Tennessee's scholarship by checking the historical representation of the country, conflict, and people

of Burundi, ensuring that culturally appropriate terminology was used at every stage of the research process. For example, SODELA's Burundian leadership convene all meetings. Together, SODELA's leadership, along with board members from the university and the Knoxville community, plan fund-raising, social, and educational events. The University of Tennessee Healthy Transitions team serves as a resource and a bridge for knowledge, funding, student volunteers, educational opportunities, and summer camps for the children. As a direct result of their curricular and co-curricular engagement with university faculty and students, the Burundians' lives have become more stable, as have their perceptions that they themselves possess the necessary resources to integrate into the community. In the process, university students have learned how to work alongside an international population.

All decisions between University of Tennessee members and the Burundians continue to be made in open discussion, with translators present. All work has proceeded through first establishing, and then using, a set of priorities that was decided upon by the Burundians. Their first priority was to establish a community-based, nonprofit organization, which has been accomplished. Additional priorities implemented subsequently include educational opportunities for adults learning English; youth programs and after-school tutoring for Burundian children; assistance for Burundian families who wanted to learn "American ways"; and career-focused development that included computer lessons and job skill development, as well as help for those needing a driver's license, which is still often necessary in Knoxville, where one cannot always get to jobs, schools, doctor appointments, or shopping on public transport. The Burundians have become increasingly able to find their way in their new community of settlement. University faculty members and students have learned a great deal alongside the Burundian community as well.

Conclusion

The community-based participatory research method employed by Healthy Transitions was essential to the productive process of data collection as well as to the subsequent implementation of culturally-relevant interventions. Ongoing, engaged scholarship by Healthy Transitions participants fills a gap in the literature that addresses work with refugee populations, while also extending the emerging literature concerning the application and impact of community-based participatory research.

Community-based participatory research will continue to serve as the medium by which university faculty and students learn more about how to better serve people resettled in the United States. The next phase of research will analyze more closely the perceived and actual resources the refugees identify as being most important to their healthy integration into U.S. culture. This research will serve to inform policy and programming throughout resettlement communities in the United States.

References

- Ahearn, F. L., Jr., & Athey, J. L. (Eds.). (1991). *Refugee children: Theory, research, and services*. Baltimore, MD: Johns Hopkins University Press.
- Berry, J. (1997). Immigration, acculturation, and adaptation. *Applied Psychology: An International Review*, 46, 5-34.
- Berry, J., Kim, U., Minde, T., & Mok, D. (1987). Comparative studies of acculturative stress. *International Migration Review*, 21(3), 491-511.
- Cultural Orientation Resource Center. (2007). *The 1972 Burundians*. Retrieved from http://www.cal.org/CO/pdffiles/backgrounder_burundians.pdf
- Doyle, E., Rager, R., Bates, D., & Cooper, C. (2006). Using community-based participatory research to assess health needs among migrant and seasonal farmworkers. *American Journal of Health Education*, 37(5), 279-288.
- Israel, B., Eng, E., Schultz, A., & Parker, E. (Eds.). (2005). *Methods in community-based participatory research for health*. San Francisco, CA: Jossey-Bass.
- Israel, B., Parker, E., Rowe, Z., Salvatore, A., Minkler, M., Lopez, J., . . . Halstead, S. (2005). Community-based participatory research: Lessons learned from the Centers for Children's Environmental Health and Disease Prevention Research. *Environmental Health Perspectives*, 113(10), 1463-1471.
- Israel, B., Schulz, A., Parker, E., Becker, A., Allen, A., & Guzman, J. (2003). Critical issues in developing and following community based participatory research principles. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research* (pp. 53-76). San Francisco, CA: Wiley.
- Johnson, C., Ali, S., & Shipp, M. (2009). Building community-based participatory research partnerships with a Somali refugee community. *American Journal of Preventive Medicine*, 37(6), S230-S236.
- Kraft, R. J., & Kielsmeier, R. J. (1995). *Experiential learning in schools and higher education*. Dubuque, IA: Kendall/Hunt.
- Link, M., Mokdad, A., Stackhouse, H., & Flowers, N. (2006). Race, ethnicity, and linguistic isolation as determinants of participation in public health surveillance surveys. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, 3(1), 1-12.
- Lustig, S., Kia-Keating, M., Grant-Knight, W., Geltman, P., Ellis, H., Birman, D., . . . Saxe, G. (2003). *Review of Child and Adolescent Refugee Mental Health*. Boston, MA: Child Traumatic Stress Network Refugee Trauma Task Force.

- Martin, D. (2011, May). *Refugees and asylees: 2010* (Annual Flow Report). Washington, DC: Department of Homeland Security Office of Immigration Statistics. Retrieved from http://www.dhs.gov/xlibrary/assets/statistics/publications/ois_rfa_fr_2010.pdf
- Miller, K., & Rasco, L. (2004). *The mental health of refugees: Ecological approaches to healing and adaptation*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Mollica, R. (2006). *Healing invisible wounds: Paths to hope and recovery in a violent world*. New York, NY: Houghton Mifflin Harcourt.
- Mountain States Group. (1999). Conducting key informant and focus group interviews. Boise, ID: Mountain States Group. Retrieved from http://www.mtnstatesgroup.org/StrategicFiles/Conduct_Key/Conducting%20Key%20Informant%20Focus%20Group%20Interviews.pdf
- Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies in the 21st century. *Health Promotion International*, 15(3), 259–267.
- Papadopoulos, R. (2001). Refugee families: Issues of systemic supervision. *Journal of Family Therapy*, 23(4), 405–422.
- Papadopoulos, R. (2006). Refugees and psychological trauma: Psychological perspectives. Retrieved May 6, 2011, from http://isites.harvard.edu/fs/docs/icb.topic1063344.files/arc_1_10refandpsych-1.pdf
- Psychosocial Working Group. (2003). *Psychosocial intervention in complex emergencies: A conceptual framework* (Working paper). Retrieved from Forced Migration Online website: <http://www.forcedmigration.org/>
- Ryan, D., Dooley, B., & Benson, C. (2008). Theoretical perspectives on post-migration adaptation and psychological well-being among refugees: Towards a resource-based model. *Journal of Refugee Studies*, 21(1), 1–18.
- Seifer, S. D., & Greene-Morton, E. (2007). Realizing the promise of community-based participatory research: Community partners get organized! *Progress in Community Health Partnerships*, 1(4), 291–294.
- Singer, A., & Wilson, J. H. (2007, March). Refugee resettlement in metropolitan America. *Migration Information Source*. Retrieved from <http://www.migrationinformation.org/Feature/display.cfm?id=585>
- SODELA.org (2012). Our Mission. Retrieved from <http://www.sodela.org/>
- United Nations High Commissioner for Refugees. (2007). Group resettlement of “1972 Burundians” from Tanzania. Retrieved July 7, 2009, from <http://www.unrefugees.org/atf/cf/{D2F991C5-A4FB-4767-921F-A9452B12D742}/Burundifactsheet.pdf>
- UN High Commissioner for Refugees (2007). *The 1951 Convention: Questions and Answers*. UNHCR / MRPI / Q&A A•1 / ENG 8. Retrieved July 10, 2012, from <http://www.unhcr.org/refworld/docid/47a7078dd.html>
- U.S. Committee for Refugees and Immigrants. (2009). Statement of the situation in Mtabila refugee camp. Retrieved September 1, 2009, from <http://www.refugees.org/article.aspx?id=2314>
- U.S. Department of State. (2009). Proposed refugee admissions for fiscal year 2010: Report to the Congress. Retrieved from <http://www.state.gov/documents/organization/129393.pdf>

- U.S. Department of State, Bureau of Population, Refugees and Migration. (2010). Proposed refugee admissions for year 2011. Retrieved April 2012 from <http://www.state.gov/documents/organization/148671.pdf>
- University of Tennessee System. The University of Tennessee Mission Statements. Retrieved July 10, 2012, from http://www.tennessee.edu/system/academicaffairs/docs/UT_combined_mission_statements.pdf
- Werner, C. M., Voce, R., Openshaw, K. G., & Simons, M. (2002). Designing service learning to empower students and community: Jackson Elementary builds a nature study center. *Journal of Social Issues*, 58, 557.

About the Authors

Denise Bates is on faculty at the University of Tennessee, Knoxville, in the Department of Public Health. She is also the research director for the UT Center for the Study of Youth and Political Conflict. Her research has been with refugees and immigrants predominantly studying integration to dominate culture and the related and resulting health risks experienced by these groups of people, particularly in youth. Utilizing Community Based Participatory Research methodology, her research and programmatic focus is generalized to health disparities in underserved people groups in global communities. Bates earned her Bachelor's of Science from Louisiana State University Medical Center and her Master's of Science and Ph.D. degrees in Health Studies from Texas Woman's University.

Elizabeth Burman is the campus coordinator for Outreach and Engagement at the University of Tennessee, Knoxville. Burman earned her bachelor's degree from Whitman College, holds a Certificate in Non-Profit Management from Duke University, and is currently a degree candidate for a Master's in Public Policy and Administration at the University of Tennessee, Knoxville.

Lacreisha Ejike-King is a doctoral candidate in Health Education and Health Behavior at the University of Tennessee, Knoxville. Her research interests include community-based participatory research, social determinants of health, and health disparities. Ejike-King earned both a Bachelor's of Science in Biology and a Master's of Science degree in Health and Human Performance from Austin Peay State University.

Charlotte N. Rufyiri is the president of Solidarity, Development and Light Association (SODELA), a community based African refugee organization in Knoxville, Tennessee. Rufyiri is a refugee from Burundi and has lived through three wars in Africa. She serves as a community health worker, translator, transcriber, and is research assistant in the Healthy Transitions project. Rufyiri earned a Bachelor's of Arts from East Tennessee State University.

